

Guide to Understanding Posttraumatic Stress Disorder and Acute Stress Disorder



The Center for the Study of Traumatic Stress

<http://www.usuhs.mil/csts>

Henry M. Jackson Foundation for the
Advancement of Military Medicine
1401 Rockville Pike, Suite 600
Rockville, MD 20842

What are PTSD and ASD?

Posttraumatic Stress Disorder and Acute Stress Disorder are anxiety disorders that may develop after exposure to a terrifying event or ordeal in which there was the potential for serious physical harm or death. Examples of traumatic events include military combat, natural disasters, terrorist incidents, spousal abuse, child abuse/neglect, automobile accidents, and violent assaults.

What is the difference between ASD and PTSD?

ASD and PTSD are both disorders that can occur following a traumatic event. The two principle differences are the timing and nature of the symptoms:

ASD can only be diagnosed between 2 days and 4 weeks after exposure, whereas PTSD can only be diagnosed after 4 weeks have passed.

To be diagnosed with ASD a person must have dissociative symptoms (e.g. difficulty remembering important aspects of the trauma, having a sense of spaciness/disconnectedness, or feeling that the world seems unreal) in addition to the symptoms experienced in PTSD.

A person with PTSD has three main types of symptoms:

Re-experiencing of the traumatic event as indicated by

- Unexpected and distressing memories of the event or flashbacks (feeling as if the event were happening again while awake)
- Nightmares consisting of the event or other frightening images
- Exaggerated emotional and physical reactions to triggers that remind the person of the event

Avoidance and emotional numbing as indicated by

- Extensive avoidance of activities, places, thoughts, feelings, or conversations related to the traumatic event
- Feeling detached from others
- Loss of interest in activities that used to be enjoyable
- Restricted emotions

Increased arousal as indicated by

- Trouble sleeping
- Difficulty concentrating or remembering daily information
- Irritability or outbursts of anger
- Feeling hypervigilant or on-guard
- Exaggerated startle in response to sudden movement or loud noise

Secondary and associated symptoms of ASD and PTSD

- Depression
- Despair and hopelessness
- Challenging of one's identity or core beliefs
- Aggressive behavior
- Self-blame, guilt, or shame
- Discord in relationships
- Social isolation
- Less participation in previously-enjoyable activities
- Physical health problems
- Alcohol and drug abuse

Facts about trauma, ASD and PTSD

- Not everyone who experiences a traumatic event will develop ASD or PTSD.
- Most people exposed to trauma have some symptoms of ASD in the initial days and weeks following exposure.
- Only 1/3 of people diagnosed with ASD will develop PTSD.
- Some will develop PTSD months or years after a trauma without ever being diagnosed with ASD.
- Twice as many women as men develop PTSD: approximately 8% of men and 20% of women develop PTSD after exposure to trauma.

- In any given year, 5.2 million Americans between the ages of 18 and 54 have PTSD.
- 70% of adults in the U.S. have experienced at least one traumatic event.
- Some people with ASD or PTSD get better with time, while others may need formal treatment to recover.



Treatment methods for ASD and PTSD

Effective treatments have been developed through research; the most helpful are psychotherapy and medication. Depending on a person's symptoms, they may be used alone or in combination.

Doctors most often prescribe anti-depressant or anti-anxiety medication for the treatment of ASD and PTSD. Therapies that have been shown to be particularly effective are Anxiety Management, Cognitive-Behavioral Therapy, and Exposure Therapy.

When should I seek professional help?

Individuals who have persistent symptoms that disrupt their daily functioning should consult with a trained and experienced health professional.

Tips for seeking treatment

When seeking help, see your doctor to rule out a physical illness. Referrals can be obtained from any one of the following sources:

- Hospitals or family physicians
- Social service agencies
- Public/Private clinics and facilities
- Employee assistance programs
- Psychological/psychiatric societies
- University psychology/psychiatry departments
- Religious leaders/counselors
- HMOs
- The Substance Abuse and Mental Health Services Administration nationwide services locator: www.mentalhealth.samhsa.gov

Additional resources

For general information:

- <http://www.usuhs.mil/csts>
- <http://nimh.nih.gov>
- <http://ncptsd.org>

To find affordable healthcare:

- <http://ask.hrsa.gov/pc/>